

(FILE 'HOME' ENTERED AT 11:02:36 ON 01 FEB 2007)

FILE 'CAPLUS' ENTERED AT 11:02:45 ON 01 FEB 2007

L1	761 S (ANTIDEPRESSANT AND ANTIPSYCHOTIC) NOT (TREATMENT(W)RESISTANT
L2	409 S L1 NOT PSYCHO?
L3	268 S L2 NOT PY>2003
L4	222 S L2 NOT PY>2002
L5	1 S L4 AND (RAPID(W)ONSET)
L6	2 S L4 AND SUICID?
L7	19 S L1 AND SUICID?
L8	12 S L7 NOT PY>2003
L9	316 S L1 AND DEPRESS?
L10	130 S L9 NOT PY>2002
L11	41 S L10 AND SEROTONIN

=> file caplus  
COST IN U.S. DOLLARS  
FULL ESTIMATED COST

SINCE FILE ENTRY	TOTAL SESSION
0.21	0.21

FILE 'CAPLUS' ENTERED AT 11:02:45 ON 01 FEB 2007  
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.  
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.  
COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)

Copyright of the articles to which records in this database refer is held by the publishers listed in the PUBLISHER (PB) field (available for records published or updated in Chemical Abstracts after December 26, 1996), unless otherwise indicated in the original publications. The CA Lexicon is the copyrighted intellectual property of the American Chemical Society and is provided to assist you in searching databases on STN. Any dissemination, distribution, copying, or storing of this information, without the prior written consent of CAS, is strictly prohibited.

FILE COVERS 1907 - 1 Feb 2007 VOL 146 ISS 6  
FILE LAST UPDATED: 31 Jan 2007 (20070131/ED)

Effective October 17, 2005, revised CAS Information Use Policies apply. They are available for your review at:

<http://www.cas.org/infopolicy.html>

=> s (antidepressant and antipsychotic) not (treatment(w)resistant)  
20876 ANTIDEPRESSANT  
9495 ANTIPSYCHOTIC  
2233018 TREATMENT  
600387 RESISTANT  
676 TREATMENT(W)RESISTANT  
L1 761 (ANTIDEPRESSANT AND ANTIPSYCHOTIC) NOT (TREATMENT(W)RESISTANT)

=> s l1 not psycho?  
42897 PSYCHO?  
L2 409 L1 NOT PSYCHO?

=> s l2 not py>2003  
3800069 PY>2003  
L3 268 L2 NOT PY>2003

=> d l3 1-10 ti

L3 ANSWER 1 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Interactions of selective serotonin uptake inhibitors with antipsychotics

L3 ANSWER 2 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Potential antidepressant activity of sigma ligands

L3 ANSWER 3 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Regulation of cellular plasticity cascades in the pathophysiology and treatment of mood disorders: role of the glutamatergic system

L3 ANSWER 4 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Therapeutic drug monitoring of 13 antidepressant and five neuroleptic drugs in serum with liquid chromatography-electrospray ionization mass spectrometry

L3 ANSWER 5 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN

TI Efficacy of olanzapine and olanzapine-fluoxetine combination in the treatment of bipolar I depression  
  
 L3 ANSWER 6 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Corticosteroid use and risk of hip fracture: a population-based case-control study in Denmark  
  
 L3 ANSWER 7 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Central nervous system agents used as Trypanosoma cruzi infection chemotherapy: Phenothiazines and related compounds  
  
 L3 ANSWER 8 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Eicosapentaenoic acid in the treatment of schizophrenia and depression: rationale and preliminary double-blind clinical trial results  
  
 L3 ANSWER 9 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Mood stabilizers in hospitalized children with bipolar disorder: a retrospective review  
  
 L3 ANSWER 10 OF 268 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Dopamine and serotonin receptor and transporter ligands

=> s l2 not py>2002  
       4853307 PY>2002  
 L4      222 L2 NOT PY>2002  
  
 => s l4 and (rapid(w)onset)  
       542147 RAPID  
       140433 ONSET  
       2938 RAPID(W)ONSET  
 L5      1 L4 AND (RAPID(W)ONSET)

=> d l5 li abs bib  
 '11' IS NOT A VALID FORMAT FOR FILE 'CAPLUS'

The following are valid formats:

ABS ----- GI and AB  
 ALL ----- BIB, AB, IND, RE  
 APPS ----- AI, PRAI  
 BIB ----- AN, plus Bibliographic Data and PI table (default)  
 CAN ----- List of CA abstract numbers without answer numbers  
 CBIB ----- AN, plus Compressed Bibliographic Data  
 CLASS ----- IPC, NCL, ECLA, FTERM  
 DALL ----- ALL, delimited (end of each field identified)  
 DMAX ----- MAX, delimited for post-processing  
 FAM ----- AN, PI and PRAI in table, plus Patent Family data  
 FBIB ----- AN, BIB, plus Patent FAM  
 IND ----- Indexing data  
 IPC ----- International Patent Classifications  
 MAX ----- ALL, plus Patent FAM, RE  
 PATS ----- PI, SO  
 SAM ----- CC, SX, TI, ST, IT  
 SCAN ----- CC, SX, TI, ST, IT (random display, no answer numbers;  
               SCAN must be entered on the same line as the DISPLAY,  
               e.g., D SCAN or DISPLAY SCAN)  
 STD ----- BIB, CLASS  
  
 IABS ----- ABS, indented with text labels  
 IALL ----- ALL, indented with text labels  
 IBIB ----- BIB, indented with text labels  
 IMAX ----- MAX, indented with text labels  
 ISTD ----- STD, indented with text labels

OBIB ----- AN, plus Bibliographic Data (original)  
 OIBIB ----- OBIB, indented with text labels

SBIB ----- BIB, no citations  
 SIBIB ----- IBIB, no citations

HIT ----- Fields containing hit terms  
 HITIND ----- IC, ICA, ICI, NCL, CC and index field (ST and IT)  
                   containing hit terms  
 HITRN ----- HIT RN and its text modification  
 HITSTR ----- HIT RN, its text modification, its CA index name, and  
                   its structure diagram  
 HITSEQ ----- HIT RN, its text modification, its CA index name, its  
                   structure diagram, plus NTE and SEQ fields  
 FHITSTR ----- First HIT RN, its text modification, its CA index name, and  
                   its structure diagram  
 FHITSEQ ----- First HIT RN, its text modification, its CA index name, its  
                   structure diagram, plus NTE and SEQ fields  
 KWIC ----- Hit term plus 20 words on either side  
 OCC ----- Number of occurrence of hit term and field in which it occurs

To display a particular field or fields, enter the display field codes. For a list of the display field codes, enter HELP DFIELDS at an arrow prompt (=>). Examples of formats include: TI; TI,AU; BIB,ST; TI,IND; TI,SO. You may specify the format fields in any order and the information will be displayed in the same order as the format specification.

All of the formats (except for SAM, SCAN, HIT, HITIND, HITRN, HITSTR, FHITSTR, HITSEQ, FHITSEQ, KWIC, and OCC) may be used with DISPLAY ACC to view a specified Accession Number.  
 ENTER DISPLAY FORMAT (BIB):ti abs bib

L5 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2007 ACS on STN

TI 1192U90 in animal tests that predict antipsychotic efficacy, anxiolysis, and extrapyramidal side effects

AB 1192U90 was developed on the assumption that antagonism of 5-HT2 receptors efficacy yields more potently than D2 receptors against pos. and neg. symptoms of schizophrenia with minimal liability for extrapyramidal side effects (EPs), and that 5-HT1A agonism further reduces EPs and provides anxiolytic and antidepressant activity. 1192U90 was submitted to four tests that predict antipsychotic efficacy (antagonism of apomorphine-induced climbing in mouse, antagonism of apomorphine-induced circling in rats with unilateral 6-OHDA lesions, antagonism of amphetamine-induced hyperlocomotion in rat, and inhibition of conditioned avoidance in rat), two tests of 5-HT2 function (antagonism of 5-MeODMT-induced head twitches in mouse and antagonism of 5-HTP-induced wet dog shakes in rat), and three tests that predict EPS liability (antagonism of apomorphine-induced stereotypy in mouse and rat and induction of catalepsy in mouse). ED50s (mg/kg PO) were as follows: climbing 10.1, circling 7.9, hyperlocomotion 6.6, and avoidance 5.7; head twitches 5 and wet dog shakes 4.6; stereotypy in mouse 91.1, stereotypy in rat 133.4, and catalepsy 192.4. The ratio of ED50 for stereotypy antagonism to ED50 for climbing antagonism was 9 (compared to 4, 3, and 4 for clozapine, risperidone, and haloperidol). The ratio of ED50 for catalepsy induction to ED50 for climbing antagonism was 19 (compared to 7, 2, and 17 for clozapine, risperidone, and haloperidol). 1192U90 was also submitted to three tests that predict anxiolysis: It produced only a small increase in punished lever pressing for food in rat (Geller-Seifter conflict test), which is specific for rapid-onset efficacy, but produced large increases in punished key pecking for food in pigeon and cork gnawing in rat, which identify the delayed onset 5-HT1A agonists such as buspirone. The results suggest that 1192U90 would be

effective for pos. and neg. symptoms of schizophrenia, with minimal liability for EPSS, and may also have anxiolytic properties.

AN 1996:562658 CAPLUS <<LOGINID::20070201>>  
DN 125:238347  
TI 1192U90 in animal tests that predict antipsychotic efficacy,  
anxiolysis, and extrapyramidal side effects  
AU Rigdon, Greg C.; Norman, Mark H.; Cooper, Barrett R.; Howard, James L.;  
Boncek, Virginia M.; Faison, Walter L.; Nanry, Kevin P.; Pollard, Gerald  
T.  
CS Pharmacology and Molecular Therapeutics Division, Glaxo Wellcome, Inc.,  
Research Triangle Park, NC, USA  
SO Neuropsychopharmacology (1996), 15(3), 231-242  
CODEN: NEROEW; ISSN: 0893-133X  
PB Elsevier  
DT Journal  
LA English

=> s l4 and suicid?

7254 SUICID?

L6 2 L4 AND SUICID?

=> d l6 1-2 ti abs bib

L6 ANSWER 1 OF 2 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Treatment of suicidality in schizophrenia  
AB A review with 48 refs. Between 4 and 13% of people with schizophrenia  
commit suicide and between 25 and 50% make a suicide  
attempt, a reflection of the devastating toll this syndrome takes on the  
quality of life, i.e., the subjective and objective sense of well-being.  
Many risk factors for suicide in schizophrenia have been  
identified, the most important of which are previous suicide  
attempts, depression, hopelessness, substance abuse, and male gender.  
Insight into having a serious mental illness and less severe cognitive  
impairment are also associated with increased risk for suicide in  
schizophrenia, most likely when accompanied by feelings of hopelessness.  
Typical neuroleptic drugs have not been shown to reduce the risk of  
suicide. However, several types of evidence suggest that  
clozapine, an atypical antipsychotic drug, appreciably reduces  
the suicide attempt and completion rates in schizophrenia and  
schizo-affective disorder, perhaps by as much as 75-85%. Other atypical  
antipsychotic drugs may have a similar effect, but direct evidence  
is lacking. Improvement in pos. and neg. symptoms, reduced extrapyramidal  
side effects (EPS), a direct antidepressant action, improved  
cognitive function, and improved compliance may contribute to reduced  
suicidality. The International Suicide Prevention Trial  
(InterSePT) is a large prospective, randomized study intended to compare  
the effectiveness of clozapine with that of olanzapine in reducing  
suicide and suicide-related events in schizophrenic and  
schizoaffective patients. Some information about suicidality in  
the patient sample is reported here.

AN 2001:480353 CAPLUS <<LOGINID::20070201>>  
DN 135:266558  
TI Treatment of suicidality in schizophrenia  
AU Meltzer, Herbert Y.  
CS Division of Psychopharmacology, Vanderbilt University School of Medicine,  
Nashville, TN, 37212, USA  
SO Annals of the New York Academy of Sciences (2001), 932(Clinical Science of  
Suicide Prevention), 44-60  
CODEN: ANYAA9; ISSN: 0077-8923  
PB New York Academy of Sciences  
DT Journal; General Review  
LA English

RE.CNT 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Fatal poisonings and their forensic toxicological investigation  
 AB A review and discussion with 7 refs. In Finland, postmortem forensic toxicol. has been centralized at the Department of Forensic Medicine, University of Helsinki. The Dept. receives samples from .apprx.4500 medical examiner's cases annually. The routine samples include blood, urine, liver, stomach contents, and vitreous humor. Hair sample has been found useful in the investigation of drug abuse history of the deceased. There were .apprx.1000 fatal poisonings in 1991 and the same number in 1992, mostly due to alc., drugs, and carbon monoxide. The high number of alc. poisonings is a Finnish specialty. Although most were due to normal EtOH, several deaths were caused by ethylene glycol or iso-Pr alc., which are available at gasoline stations. Antidepressant and antipsychotic drugs were the most important drug groups in poisonings, but among individual drugs the analgesic dextropropoxyphene was the most frequent cause of death. Drugs of abuse were more common findings than earlier, and these drugs were increasingly found in the victims of homicide and traffic accidents. However, the drug of abuse situation continues to be better in Finland than in the other Nordic countries. Carbon monoxide poisonings are mainly suicides of males using car exhaust. The chemical anal. of drugs and poisons relies on chromatog. and spectrometry and the coupling of these 2 techniques. Where possible, 2 different specimens and 2 anal. methods are used in the screening procedures. Alc. and some other volatiles are determined in blood, urine, and vitreous humor by headspace gas chromatog., with the use of 2 instruments and 2 sep. methods. The drug screening comprises liver anal. by instrumental TLC, blood anal. by dual column capillary gas chromatog., and urine screening by immunoassay. As the background information obtained for the postmortem cases is often insufficient or misleading, the disclosure of poisoning can only be based on a broad-scale chemical investigation.

AN 1995:459269 CAPLUS <<LOGINID::20070201>>  
 DN 122:258034  
 TI Fatal poisonings and their forensic toxicological investigation  
 AU Vuori, Erkki; Ojanpera, Ilkka  
 CS Oikeuslaaketieteen Laitos, Helsingin Yliopisto, Helsinki, Finland  
 SO Kemia - Kemi (1994), 21(4), 302-6  
 CODEN: KMKMAA; ISSN: 0355-1628  
 PB Kemian Kustannus Oy  
 DT Journal; General Review  
 LA Finnish

=> s l1 and suicid?

7254 SUICID?

L7 19 L1 AND SUICID?

=> s l7 not py>2003

3800069 PY>2003

L8 12 L7 NOT PY>2003

=> d l8 1-12 ti

L8 ANSWER 1 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Long-term therapy with lithium in a private practice clinic: a naturalistic study

L8 ANSWER 2 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Suicide risk in bipolar disorder during treatment with lithium and divalproex

L8 ANSWER 3 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Suicidal behaviour in bipolar disorder: Risk and prevention

L8 ANSWER 4 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Bipolar depression: Management options

L8 ANSWER 5 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics

L8 ANSWER 6 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Psychopharmacologic strategies for the prevention of suicidal behavior in bipolar patients

L8 ANSWER 7 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Severe depression: is there a best approach?

L8 ANSWER 8 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Treatment of suicidality in schizophrenia

L8 ANSWER 9 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI 5-HT in prefrontal cortex: a new target of psychotolytic drugs

L8 ANSWER 10 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Pharmacotherapy for personality disorders

L8 ANSWER 11 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Atypical antipsychotics for treatment of depression in schizophrenia and affective disorders

L8 ANSWER 12 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Fatal poisonings and their forensic toxicological investigation

=> s l1 and depress?

184591 DEPRESS?

L9 316 L1 AND DEPRESS?

=> s l9 not py>2002

4853307 PY>2002

L10 130 L9 NOT PY>2002

=> s l10 and serotonin

70816 SEROTONIN

L11 41 L10 AND SEROTONIN

=> d l11 1-41 ti

L11 ANSWER 1 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI An open study of olanzapine and fluoxetine for psychotic major depressive disorder: Interim analyses

L11 ANSWER 2 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI The role of in vivo molecular imaging with PET and SPECT in the elucidation of psychiatric drug action and new drug development

L11 ANSWER 3 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI New Pyridobenzodiazepine Derivatives: Modifications of the Basic Side Chain Differentially Modulate Binding to Dopamine (D4.2, D2L) and Serotonin (5-HT2A) Receptors

L11 ANSWER 4 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy

L11 ANSWER 5 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Pharmacology of flibanserin

L11 ANSWER 6 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Serotonin reuptake inhibition: An update on current research strategies

L11 ANSWER 7 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Preparation of dihydroimidazo[2,1-b]thiazoles and dihydro-5H-thiazolo[3,2-a]pyrimidines with 5-HT receptor affinity

L11 ANSWER 8 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Fluvoxamine as an adjunctive agent in schizophrenia

L11 ANSWER 9 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Arylpiperazine ligands of serotonin (5-HT)1A/5-HT2A receptors

L11 ANSWER 10 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Severe depression: is there a best approach?

L11 ANSWER 11 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Tolerability of combined treatment with lithium and paroxetine in patients with bipolar disorder and depression

L11 ANSWER 12 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Pharmacotherapy of depression: a historical analysis

L11 ANSWER 13 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Algorithm for the treatment of chronic depression

L11 ANSWER 14 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI 5-HT in prefrontal cortex: a new target of psychotolytic drugs

L11 ANSWER 15 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Assessing the comparative effectiveness of antidepressant therapies: a prospective clinical practice study

L11 ANSWER 16 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives

L11 ANSWER 17 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Nefazodone in the adjunctive therapy of schizophrenia: An open-label exploratory study

L11 ANSWER 18 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI A novel approach to the identification of psychiatric drugs: serotonin-glutamate interactions in the prefrontal cortex

L11 ANSWER 19 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Somatic treatment of psychotic depression: Review and recommendations for practice

L11 ANSWER 20 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Reciprocal autoreceptor and heteroreceptor control of serotonergic, dopaminergic and noradrenergic transmission in the frontal cortex: Relevance to the actions of antidepressant agents

L11 ANSWER 21 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Effects of the CRF1 receptor antagonist, CP 154,526, in the separation-induced vocalization anxiolytic test in rat pups

L11 ANSWER 22 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
TI Preparation of oxazoles as serotonin-1A receptor agonists

L11 ANSWER 23 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Physiological antagonism between 5-hydroxytryptamine<sub>2A</sub> and group II metabotropic glutamate receptors in prefrontal cortex

L11 ANSWER 24 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs

L11 ANSWER 25 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Mirtazapine: A review of its use in major depression

L11 ANSWER 26 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Adverse reactions of selective serotonin reuptake inhibitors: reports from a spontaneous reporting system

L11 ANSWER 27 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Co-administration of sertraline and haloperidol

L11 ANSWER 28 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI The serotonin paradox: Negative symptoms and SSRI augmentation

L11 ANSWER 29 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Bupropion treatment in veterans with posttraumatic stress disorder: an open study

L11 ANSWER 30 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI A double-blind, controlled comparison of the novel antipsychotic olanzapine versus haloperidol or placebo on anxious and depressive symptoms accompanying schizophrenia

L11 ANSWER 31 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Augmentation with fluvoxamine but not maprotiline improves negative symptoms in treated schizophrenia: evidence for a specific serotonergic effect from a double-blind study

L11 ANSWER 32 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Preparation of indolealkyl derivatives of benzodioxanmethanamine as antidepressants and antipsychotic agents

L11 ANSWER 33 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Psychotic depression: a guide to drug choice

L11 ANSWER 34 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Selective serotonin reuptake inhibitors and CNS drug interactions. A critical review of the evidence

L11 ANSWER 35 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Olanzapine: interaction study with imipramine

L11 ANSWER 36 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Antidepressants in the elderly

L11 ANSWER 37 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Ziprasidone

L11 ANSWER 38 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Rational polypharmacy in the bipolar affective disorders

L11 ANSWER 39 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN  
 TI Preparation of heteroaryloxy alkanamines having effects on serotonin-related systems

L11 ANSWER 40 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pyrazolo[4,3-c]pyridine serotonin reuptake inhibitors

L11 ANSWER 41 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI The effect of a novel psychotropic agent, trebenzomine, on brain and platelet uptake systems

=> d l11 2 4 6 10 12 13 24 25 26 37 40 41 ti abs bib

L11 ANSWER 2 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI The role of in vivo molecular imaging with PET and SPECT in the elucidation of psychiatric drug action and new drug development

AB A review. This paper reviews the contribution of human PET and SPECT neuroreceptor occupancy studies to the understanding of drug action in psychiatric illness, and how they can aid the development of new drugs. All effective antipsychotics show significant D2 receptor occupancy. However, at least for atypical antipsychotics, there is no clear relationship between occupancy and clin. response. The mechanisms underlying antipsychotic efficacy, and the minimal effective D2 occupancy, remain to be elucidated, particularly for drugs with modest or transient occupancy. The low liability of some atypical antipsychotics for extrapyramidal side effects does not appear to be explained by their 5-HT2A antagonism, and the muscarinic receptor occupancy of some drugs may be partly explanatory. Previous reports of apparent limbic selectivity of atypical antipsychotics may be in error, and may be due to tech. differences in radiotracers. For SSRIs, high occupancies at the serotonin transporter (SERT) are achieved at therapeutic doses, although the min. SERT occupancy required for therapeutic response remains undefined. Previous attempts to augment the antidepressant effect of SSRIs by pindolol have generally used daily doses which result in inadequate 5-HT1A receptor occupancy. For benzodiazepines, clin. doses would appear to leave a wide margin of unoccupied receptors. For methylphenidate and cocaine, typical doses occupy more than 50% of dopamine transporters, and their profiles are extremely similar. In therapeutic drug development, these techniques may be used to assess receptor occupancy profiles, likely drug dosages and dosing intervals which cannot be reliably assessed in humans by other methods.

AN 2002:913727 CAPLUS <<LOGINID::20070201>>

DN 138:395187

TI The role of in vivo molecular imaging with PET and SPECT in the elucidation of psychiatric drug action and new drug development

AU Talbot, Peter S.; Laruelle, Marc

CS New York State Psychiatric Institute, Departments of Psychiatry and Radiology, Columbia University College of Physicians and Surgeons, New York, NY, USA

SO European Neuropsychopharmacology (2002), 12(6), 503-511  
CODEN: EURNE8; ISSN: 0924-977X

PB Elsevier Science B.V.

DT Journal; General Review

LA English

RE.CNT 78 THERE ARE 78 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 4 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy

AB Background: Atypical antipsychotics such as risperidone or olanzapine have been reported to be effective when added to a selective serotonin reuptake inhibitor (SSRI) in cases of depression in which treatment with an SSRI alone is not effective. It is possible that the combination of an SSRI and an atypical antipsychotic may be efficacious as an initial treatment for major depression.  
Method: Thirty-six subjects who fulfilled DSM-IV diagnostic criteria for

major depressive disorder were given fluvoxamine, 50 or 75 mg/day, with risperidone, 0.5 or 1 mg/day, at the start of treatment. The dose of fluvoxamine was increased to 100 or 150 mg/day on the fourth day of the treatment and maintained thereafter. Hamilton Rating Scale for Depression (HAM-D) scores were obtained at baseline and every week for 6 wk. Remission and response were defined, resp., as  $\geq 75\%$  and 50%-74% reduction from baseline in HAM-D score. Results: Of 30 subjects who completed the 6-wk study, 23 (76%) achieved remission, 5 (17%) achieved response, and 2 (7%) were nonresponsive. Of the 6 patients who did not complete the study, 3 showed remission, 1 showed response, and 2 showed minimal or no response by the time of dropout. The reported adverse effects were mild, and none of the 36 subjects enrolled in the study manifested or reported extrapyramidal symptoms, nausea, or vomiting. Conclusion: The results suggest that the combination of risperidone and fluvoxamine from the beginning of antidepressant therapy enhances the therapeutic response rate in depression.

AN 2002:708135 CAPLUS <<LOGINID::20070201>>

DN 137:242083

TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy

AU Hirose, Shigehiro; Ashby, Charles R., Jr.

CS Center of Psychiatry and Neurology, Fukui Prefectural Hospital, Fukui, 910-0846, Japan

SO Journal of Clinical Psychiatry (2002), 63(8), 733-736  
CODEN: JCLPDE; ISSN: 0160-6689

PB Physicians Postgraduate Press, Inc.

DT Journal

LA English

RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 6 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Serotonin reuptake inhibition: An update on current research strategies

AB A review. Selective Serotonin reuptake inhibitors (SSRIs) have contributed to the major advances in the treatment of depression and other psychiatric diseases. This review is on the current knowledge concerning the SSRI class of drugs and discusses the importance of secondary pharmacol. in the mechanism of action and effectiveness of these drugs. Particular attention is given to the emerging importance of the SSRI "plus" approach: where the serotonin reuptake receptor inhibition of a drug is supplemented by one or more other receptor interactions either by the same drug or by a combination therapy. This area of research has shed light on the pharmacol. mechanisms of SSRI therapy and has the therapeutic usefulness of serotonin reuptake inhibition, especially in the area of depression. There are many new emerging SSRI "plus" drugs, which address the pharmacol. and pharmacokinetic issues of current therapies and these, are discussed in detail.

AN 2002:335884 CAPLUS <<LOGINID::20070201>>

DN 137:288312

TI Serotonin reuptake inhibition: An update on current research strategies

AU Spinks, D.; Spinks, G.

CS Department of Medicinal Chemistry, Organon Laboratories Ltd., Lanarkshire, ML1 5SH, UK

SO Current Medicinal Chemistry (2002), 9(8), 799-810  
CODEN: CMCHE7; ISSN: 0929-8673

PB Bentham Science Publishers

DT Journal; General Review

LA English

RE.CNT 120 THERE ARE 120 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 10 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Severe depression: is there a best approach?

AB A review. A major depressive episode can be categorized as severe based on depressive symptoms, scores on depression rating scales, the need for hospitalization, depressive subtypes, functional capacity, level of suicidality and the impact that the depression has on the patient. Several biol., psychol. and social factors, and the presence of comorbid psychiatric or medical illnesses, impact on depression severity. A number of factors are reported to influence outcome in severe depression, including duration of illness before treatment, severity of the index episode, treatment modality used, and dosage and duration of and compliance with treatment. Potential complications of untreated severe depression include suicide, self-mutilation and refusal to eat, and treatment resistance. Several antidepressants have been studied in the treatment of severe depression. These include tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin-noradrenaline (norepinephrine) reuptake inhibitors, noradrenergic and specific serotonergic antidepressants, serotonin 5-HT<sub>2</sub> receptor antagonists, monoamine oxidase inhibitors, and amfebutamone (bupropion). More recently, atypical antipsychotics have shown some utility in the management of severe and resistant depression. Data on the differential efficacy of TCAs vs. SSRIs and the newer antidepressants in severe depression are mixed. Some studies have reported that TCAs are more efficacious than SSRIs; however, more recent studies have shown that TCAs and SSRIs have equivalent efficacy. There are reports that some of the newer antidepressants may be more effective than SSRIs in the treatment of severe depression, although the sample sizes in some of these studies were small. Combination therapy has been reported to be effective. The use of an SSRI-TCA combination, while somewhat controversial, may rapidly reduce depressive symptoms in some patients with severe depression. The combination of an antidepressant and an antipsychotic drug is promising and may be considered for severe depression with psychotic features. Although the role of cognitive behavior therapy (CBT) in severe depression has not been adequately studied, a trial of CBT may be considered in severely depressed patients whose symptoms respond poorly to an adequate antidepressant trial, who are intolerant of antidepressants, have contraindications to pharmacotherapy, and who refuse medication or other somatic therapy. A combination of CBT and antidepressants may also be beneficial in some patients. Electroconvulsive therapy (ECT) may be indicated in severe psychotic depression, severe melancholic depression, resistant depression, and in patients intolerant of antidepressant medications and those with medical illnesses which contraindicate the use of antidepressants (e.g. renal, cardiac or hepatic disease).

AN 2001:908128 CAPLUS <<LOGINID::20070201>>

DN 136:193477

TI Severe depression: is there a best approach?

AU Sonawalla, Shamsah B.; Fava, Maurizio

CS Depression Clinical and Research Program, Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA

SO CNS Drugs (2001), 15(10), 765-776

CODEN: CNDREF; ISSN: 1172-7047

PB Adis International Ltd.

DT Journal; General Review

LA English

RE.CNT 105 THERE ARE 105 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 12 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pharmacotherapy of depression: a historical analysis

AB A review with refs. Iproniazid and imipramine, the prototypes of monoamine oxidase inhibitor (MAOI) and monoamine (re)uptake inhibitor (MAUI) antidepressants, were introduced in 1957. The relationship between iproniazid's antidepressant effect and its MAO inhibiting property was tenuous. Because of the potential drug-drug interactions and the need for dietary restrictions, the use of MAOIs became restricted to atypical depression. The confounding of reserpine reversal with antidepressant effect led to the theory that MAU inhibition is responsible for imipramine's antidepressant effect. Driven by neuropharmacol. theory, non-selective reuptake inhibitors were replaced first by selective norepinephrine reuptake inhibitors, then by selective serotonin reuptake inhibitors, and more recently, by a series of new antidepressants to relieve the stimulation of serotonin -5HT<sub>2A</sub> receptors and the compensatory decline of dopamine in the brain. Each antidepressant has its own identity, but meta-analyses indicate a widening of the antidepressant response range from 65-70% to 45-79%, and a lowering of the antidepressant threshold from 65% to 45%. Although one can no longer expect that 2 of 3 depressed patients will respond to treatment, the newer antidepressants are better tolerated, because they produce less anticholinergic side effects.

AN 2001:596752 CAPLUS <<LOGINID::20070201>>

DN 135:352174

TI Pharmacotherapy of depression: a historical analysis

AU Ban, T. A.

CS Vanderbilt University, Nashville, TN, USA

SO Journal of Neural Transmission (2001), 108(6), 707-716

CODEN: JNTRF3; ISSN: 1435-1463

PB Springer-Verlag Wien

DT Journal; General Review

LA English

RE.CNT 60 THERE ARE 60 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 13 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Algorithm for the treatment of chronic depression

AB A review with 41 refs. Chronic depression, which is marked by a course of illness lasting 2 yr or more, encompasses 4 subtypes of depressive illness: (1) chronic major depressive disorder, (2) dysthymic disorder, (3) dysthymic disorder with major depressive disorder ("double depression"), and (4) major depressive disorder with poor interepisodic recovery (i.e., in incomplete remission). In the 1990s, chronic depression had a reported prevalence rate of 3% to 5% and accounted for 30% to 35% of all cases of depression in the United States. The authors present an algorithm modified from the Texas Medication Algorithm Project for patients with chronic depression. This treatment algorithm recommends a progression of steps or stages in treating chronic depression. The first stage is monotherapy with the selective serotonin reuptake inhibitors, nefazodone, bupropion sustained release, venlafaxine extended release, mirtazapine, or psychotherapy. Later options include combination therapy, electroconvulsive therapy, atypical antipsychotics, and novel treatments. Utilization of a comprehensive treatment algorithm for chronic major depression should encourage efficient, efficacious treatment.

AN 2001:311359 CAPLUS <<LOGINID::20070201>>

DN 135:220442

TI Algorithm for the treatment of chronic depression

AU Trivedi, Madhukar H.; Kleiber, Beverly A.

CS Depression and Anxiety Disorders Program, Southwestern Medical Center at Dallas, The University of Texas, Dallas, TX, 75390-9101, USA

SO Journal of Clinical Psychiatry (2001), 62(Suppl. 6), 22-29

CODEN: JCLPDE; ISSN: 0160-6689

PB Physicians Postgraduate Press, Inc.

DT Journal; General Review

LA English

RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 24 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Efficacy of SSRIs and newer antidepressants in severe depression  
: comparison with TCAs

AB A review with 58 refs. The significant morbidity and mortality associated with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. Comparative clin. trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Addnl. studies were identified in article bibliogs. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing number of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup anal. of premarketing trials. In studies that defined response as a 50% or greater reduction in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In sep. trials on severe depression, venlafaxine and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.

AN 1999:402615 CAPLUS <<LOGINID::20070201>>

DN 131:82427

TI Efficacy of SSRIs and newer antidepressants in severe depression  
: comparison with TCAs

AU Hirschfeld, Robert M. A.

CS Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston, TX, 77555, USA

SO Journal of Clinical Psychiatry (1999), 60(5), 326-335  
CODEN: JCLPDE; ISSN: 0160-6689

PB Physicians Postgraduate Press, Inc.

DT Journal; General Review

LA English

RE.CNT 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 25 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Mirtazapine: A review of its use in major depression

AB A review with 107 refs. Mirtazapine is a noradrenergic and specific serotonergic antidepressant which has been evaluated predominantly in the treatment of major depression. The drug had efficacy equivalent to that of tricyclic antidepressants and it was at least as effective as trazodone in the majority of available short-term trials in patients with moderate or severe depression, including

those with basal anxiety symptoms or sleep disturbance and the elderly. A continuation study also showed that sustained remission rates were higher with mirtazapine than with amitriptyline and that the drugs had similar efficacy for the prevention of relapse. There is some evidence for a faster onset of action with mirtazapine than with the selective serotonin reuptake inhibitors (SSRIs). Mirtazapine was more effective than the SSRI fluoxetine after 3 and 4 wk of therapy and it was also more effective than paroxetine and citalopram after 1 and 2 wk, resp., in short-term assessments (6 or 8 wk). Preliminary data suggest that the drug may be effective as an augmentation or combination therapy in patients with refractory depression. Anticholinergic events and other events, including tremor and dyspepsia, are less common with mirtazapine than with tricyclic antidepressants. There was a greater tendency for SSRI-related adverse events with fluoxetine than with mirtazapine, but, overall, mirtazapine had a tolerability profile similar to that of the SSRIs. Increased appetite and body-weight gain appear to be the only events that are reported more often with mirtazapine than with comparator antidepressants. In vitro and in vivo data have suggested that mirtazapine is unlikely to affect the metabolism of drugs metabolized by cytochrome P 450 (CYP) 2D6, although few formal drug-interaction data are available. Conclusions: Mirtazapine is effective and well tolerated for the treatment of patients with moderate to severe major depression. Further research is required to define the comparative efficacy of mirtazapine in specific patient groups, including the elderly and those with severe depression. Clarification of its efficacy as an augmentation therapy and in patients with refractory depression and its role in improving the efficacy and reducing the extrapyramidal effects of antipsychotic drugs would also help to establish its clin. value. The low potential for interaction with drugs that are metabolized by CYP2D6, including antipsychotics, tricyclic antidepressants and some SSRIs, may also make mirtazapine an important option for the treatment of major depression in patients who require polytherapy. Mirtazapine also appears to be useful in patients with depression who have anxiety symptoms and sleep disturbance.

AN 1999:307238 CAPLUS <<LOGINID::20070201>>

DN 130:332190

TI Mirtazapine: A review of its use in major depression

AU Holm, Kristin J.; Markham, Anthony

CS Adis International Limited, Auckland, N. Z.

SO Drugs (1999), 57(4), 607-631

CODEN: DRUGAY; ISSN: 0012-6667

PB Adis International Ltd.

DT Journal; General Review

LA English

RE.CNT 107 THERE ARE 107 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 26 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Adverse reactions of selective serotonin reuptake inhibitors: reports from a spontaneous reporting system

AB The selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitors (SSRIs) are extensively used in the treatment of depression, panic disorder and obsessive-compulsive disorder, and are now being evaluated in the treatment of a number of other psychiatric disorders. The aim of this study was to investigate the pattern of adverse reactions reported on SSRIs in Sweden and assess possible risk factors associated with the occurrence of adverse reactions to these agents. A survey was made of 1202 reports describing 1861 adverse reactions to SSRIs submitted to the Swedish Adverse Drug Reactions Advisory Committee. The most often reported adverse reactions were neurol. symptoms (22.4%), psychiatric symptoms (19.5%) and gastrointestinal symptoms (18.0%); however, dermatol. symptoms (11.4%) and general symptoms (9.8%) were also frequent. Compared with other drugs, gastrointestinal symptoms were more often reported for fluvoxamine, psychiatric symptoms were more often

reported for sertraline and dermatol. symptoms were more often reported for fluoxetine. In total, the diagnoses most frequently reported were nausea (n = 139), rash (n = 90), anxiety (n = 84), paraesthesias (n = 69), headache (n = 63) and diarrhea (n = 63). Parkinsonism, confusion, hallucinations, euphoria, hyponatremia, bradycardia and hypotension were more often reported in the elderly, whereas urticaria, akathisia, and haematol., endocrinol., sexual and some visual reactions were more often reported in individuals who were younger than average. Dermatol. reactions, fatigue, hyponatremia and cough were more common in women, whereas dyskinesias/akathisia and aggression more often were seen in men. The median SSRI dosages were above average in patients experiencing seizures, hypomania/mania, personality changes, malaise, bodyweight gain, gynaecomastia and hyperprolactinemia/galactorrhoea. Severe symptoms, such as seizures, hyponatremia and the serotonin syndrome, were rarely reported. Although the design of the study makes it difficult to draw conclusions about causality, a variety of adverse reactions were reported. Therefore, the awareness that a particular symptom in a patient treated with an SSRI might be an adverse reaction should be high.

AN 1999:218705 CAPLUS <<LOGINID::20070201>>

DN 130:291493

TI Adverse reactions of selective serotonin reuptake inhibitors: reports from a spontaneous reporting system

AU Spigset, Olav

CS Adverse Drug Reactions Monitoring Center, Division of Clinical Pharmacology, Norrland University Hospital, Umea, Swed.

SO Drug Safety (1999), 20(3), 277-287

CODEN: DRSAEA; ISSN: 0114-5916

PB Adis International Ltd.

DT Journal

LA English

RE.CNT 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD  
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 37 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Ziprasidone

AB A review with 24 refs. Ziprasidone is a novel antipsychotic drug. It has high affinity for serotonin 5-HT<sub>2</sub> and dopamine D<sub>2</sub> receptors in vitro, with an 11-fold higher affinity for 5-HT<sub>2</sub> than for D<sub>2</sub> receptors, suggestive of a low potential for inducing motor disturbance [including extrapyramidal symptoms (EPS)]. The effects of ziprasidone in receptor binding studies reflected its in vitro pharmacol., with more potent effects against 5-HT<sub>2</sub> receptor than against D<sub>2</sub> receptor-mediated behavior. Because ziprasidone inhibits serotonin (5-hydroxytryptamine; 5-HT) and noradrenaline (norepinephrine) reuptake, it may have anxiolytic and antidepressant effects. Data from phase II and III clin. trials have shown ziprasidone to be effective in reducing the pos. and neg. symptoms of, and depression associated with, schizophrenia, and in reducing anxiety in patients about to undergo dental surgery. Ziprasidone was generally well tolerated in phase II and III clin. trials, with somnolence and nausea being the most frequently reported adverse events in placebo-controlled studies. Motor disturbances, including EPS, were infrequently observed

AN 1997:593623 CAPLUS <<LOGINID::20070201>>

DN 127:242699

TI Ziprasidone

AU Davis, Rick; Markham, Anthony

CS Adis International Limited, Auckland, N. Z.

SO CNS Drugs (1997), 8(2), 153-159

CODEN: CNDREF; ISSN: 1172-7047

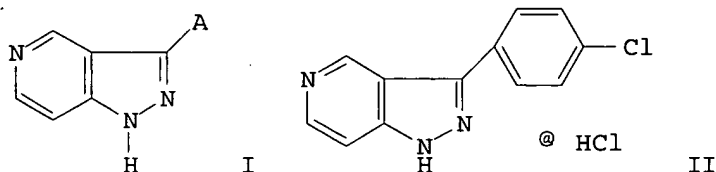
PB Adis

DT Journal; General Review

LA English

L11 ANSWER 40 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pyrazolo[4,3-c]pyridine serotonin reuptake inhibitors  
GI



AB The title compds. I [A = (un)substituted Ph, pyridyl], useful as a serotonin reuptake inhibitors which may be useful for the treatment of depression (no data), obsessive-compulsive disorders (no data), stuttering (no data), and trichotillomania (no data). Thus, 4-chloropyridine was reacted with iso-Pr<sub>2</sub>NLi in THF, 4-ClC<sub>6</sub>H<sub>4</sub>CHO added, the alc. intermediate oxidized to the corresponding ketone, the ketone cyclocondensed with hydrazine hydrate, and the free base salified with an ethereal HCl solution, producing pyrazolopyridine II, m.p. 265° (decomposition).

AN 1994:217669 CAPLUS <<LOGINID::20070201>>

DN 120:217669

TI Pyrazolo[4,3-c]pyridine serotonin reuptake inhibitors

IN Shutske, Gregory M.; Kapples, Kevin J.; Tomer, John D., IV

PA Hoechst-Roussel Pharmaceuticals Inc., USA

SO U.S., 12 pp.

CODEN: USXXAM

DT Patent

LA English

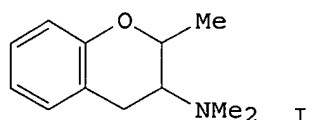
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 5264576	A	19931123	US 1992-964690	19921022
	US 5296491	A	19940322	US 1993-106953	19930817
	EP 594001	A1	19940427	EP 1993-116317	19931008
	EP 594001	B1	20000816		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
	AT 195522	T	20000915	AT 1993-116317	19931008
	PT 594001	T	20010131	PT 1993-116317	19931008
	ES 2152237	T3	20010201	ES 1993-116317	19931008
	FI 9304621	A	19940423	FI 1993-4621	19931020
	FI 103890	B	19991015		
	FI 103890	B1	19991015		
	CA 2108941	A1	19940423	CA 1993-2108941	19931021
	NO 9303784	A	19940425	NO 1993-3784	19931021
	AU 9349128	A	19940505	AU 1993-49128	19931021
	AU 671305	B2	19960822		
	JP 06192257	A	19940712	JP 1993-265158	19931022
	CN 1099033	A	19950222	CN 1993-120396	19931022
	CN 1049658	B	20000223		
	US 5380847	A	19950110	US 1994-181147	19940112
	US 5428169	A	19950627	US 1994-306294	19940915
	GR 3034819	T3	20010228	GR 2000-402506	20001110
PRAI	US 1992-964690	A3	19921022		
	US 1993-106953	A3	19930817		
	US 1994-181147	A3	19940112		
OS	MARPAT 120:217669				

L11 ANSWER 41 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI The effect of a novel psychotropic agent, trebenzomine, on brain and platelet uptake systems

GI



AB trebenzomine (I) [23915-73-3], a new psychoactive agent with possible antidepressant and antipsychotic activity in man, was a potent inhibitor of serotonin [50-67-9] uptake in rat brain synaptosomes as well as in isolated human platelets obtained after a 2-3 wk treatment regimen. The potency of trebenzomine in inhibiting norepinephrine [51-41-2] and dopamine [51-61-6] uptake in rat brain synaptosomes was 1 and 3 orders of magnitude less than that for serotonin, resp. These properties of the compound may contribute to its pharmacol. properties in man.

AN 1982:174314 CAPLUS <<LOGINID::20070201>>

DN 96:174314

TI The effect of a novel psychotropic agent, trebenzomine, on brain and platelet uptake systems

AU Friedman, E.; Hallock, M.; Rotrosen, J.; Dallob, A.

CS Sch. Med., New York Univ., New York, NY, 10016, USA

SO Research Communications in Psychology, Psychiatry and Behavior (1981), 6(4), 289-94

CODEN: RCPBDC; ISSN: 0362-2428

DT Journal

LA English